

MIECHV Program Performance Report

Report due: Quarterly by the 15th April, July, October, & January

Contract Number:	Date of Report Submitted:	Dates of Report:			
		From:		To:	
Contractor Name:					
Contact Name:					
Contact E-mail:					
Contact Phone:					

Part 1: Home Visiting Program and Service Delivery

Instructions: Information to complete *Table 1: Home Visiting Program and Service Delivery* can be extracted from the MIECHV ETO data system utilizing the reporting function. Counts in the Total Columns (Columns E and F) should equal the sum of Columns B and D and Columns C and E, respectively.

Table 1: Home Visiting Program and Service Delivery

Column A	Column B	Column C	Column D	Column E	Column F	Column E
Program and Service Delivery Details	Kootenai / Twin Falls		Shoshone / Jerome		Total	
	Quarter	YTD	Quarter	YTD	Quarter	YTD
Total Enrollees						
New enrollees						
Waitlist						
Referrals into the program						
Completed referrals from the program						
Average home visitor caseload						
Average number of individual reflective supervision sessions per home visitor						

Part 2: Implementation Narrative

Instructions: Reflecting over the previous quarter (reporting period), please include a brief description for each of the following. Content for these narratives may come from organizational staff or client feedback surveys, working alliance inventory, or program advisory board meetings.

1. Program activities and accomplishments

Please describe activities and accomplishments which may include participant or staff successes, trainings attended, community outreach, program strengths, and anecdotal comments from participants or community partners.

2. Program barriers or challenges

Please describe any major barriers or challenges to program implementation, participant access, and community partnerships that occurred during the reporting period.

3. Client feedback

Please describe feedback from clients which may include comments, success stories, survey results, or information collected in other formats.

4. Staff feedback

Please describe feedback from staff regarding successes, challenges, or other insights regarding program implementation.

5. Community collaboration and other information

Please provide any information that might provide a more complete picture of the importance and challenges of building a home visiting program in your community. This may include new community resources identified, trends in the nature of referrals to community services, and/or trends you are experiencing regarding referrals to your program.